

PSNS&IMF Construction Stormwater Permits  
March 31, 2011

There are 2 construction projects that are covered under the EPA General Construction Stormwater Permit.

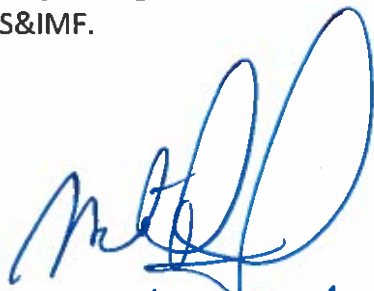
a.) Childcare Development Center (CDC)

- Located at the Northeast corner of Farragut Ave and Barclay St
- Disturbing approximately 2.59 acres
- NOI submitted and accepted by EPA letter and assigned Permit Number: WAR10BN0F starting 09/29/2010.
- Contractor: Advanced Technology Construction  
1150 Raymond Ave SW  
Renton, WA 98057  
POC: Mark Brock  
206-510-9477  
[mark@atcbuilder.com](mailto:mark@atcbuilder.com)

b.) Demolish B-513 and Renovate Various Buildings, M1Building 935

- Located in Z parking Lot, south of Farragut and east of Z street
- Disturbing approximately 1.00 acres
- NOI submitted and accepted by EPA letter and assigned Permit Number: WAR10BO5F starting 11/01/2010.
- Contractor: Watts Constructors  
6625 Wagner Way Ste 360  
Gig Harbor, WA 98335  
POC: FRANCISCO JUAREZ  
253-853-3311  
[Francisco.juarez@watts-con.com](mailto:Francisco.juarez@watts-con.com)

There are also various maintenance projects that disturb less than an acre of land that are ongoing throughout the base. These are covered under the Industrial NPDES permit help by PSNS&IMF.



Michael Hardman

NPDES  
Form



United States Environmental Protection Agency  
Washington, DC 20460

**Notice of Intent (NOI) for Storm Water Discharges Associated with  
Construction Activity Under an NPDES General Permit**

Submission of this Notice of Intent (NOI) constitutes notice that the party identified in Section II of this form requests authorization to discharge pursuant to the NPDES Construction General Permit (CGP) permit number identified in Section I of this form. Submission of this NOI also constitutes notice that the party identified in Section II of this form meets the eligibility requirements of the CGP for the project identified in Section III of this form. Permit coverage is required prior to commencement of construction activity until you are eligible to terminate coverage as detailed in the CGP. To obtain authorization, you must submit a complete and accurate NOI form. Refer to the instructions at the end of this form.

**I. Permit Number**

WAR10B06F

**II. Operator Information**

Name: NACFAC NW U.S. NAVY

IRS Employer Identification Number (EIN): -

**Mailing Address:**

Street: 467 W STREET 4TH FLOOR

City: BREMERTON State: WA Zip Code: 98314 -

Phone: 360 - 476 - 3859 Fax (optional): -

E-mail (optional): ANTHONY.HAVERLY@NAVY.MIL

**III. Project/Site Information**

Project/Site Name: NAVAL BASE KITSAP, BREMERTON, WA

Project Street/Location: M1 BUILDING 935

City: BREMERTON State: WA Zip Code: 98314 -

County or similar government subdivision: KITSAP

Latitude/Longitude (Use one of three possible formats, and specify method)

Latitude 1. 47° 33' 27" N (degrees, minutes, seconds)  
2. ° ' " N (degrees, minutes, decimal)  
3. ° N (decimal)

Longitude 1. 122° 38' 57" W (degrees, minutes, seconds)  
2. ° ' " W (degrees, minutes, decimal)  
3. ° W (decimal)

Method: ☐ U.S.G.S. topographic map ☐ EPA web site ☒ GPS ☐ Other:  
• If you used a U.S.G.S. topographic map, what was the scale: \_\_\_\_\_

Project Located in Indian country? ☐ Yes ☒ No

If so, name of Reservation or if not part of a Reservation, put "Not Applicable": \_\_\_\_\_

Estimated Project Start Date: 11 / 03 / 2010  
Month Date Year

Estimated Project Completion Date: 10 / 18 / 2011  
Month Date Year

Estimated Area to be Disturbed (to the nearest quarter acre): 1.00

#### IV. SWPPP Information

Has the SWPPP been prepared in advance of filing this NOI? ☒ Yes ☐ No

Location of SWPPP for viewing: ☐ Address in Section II ☒ Address in Section III ☐ Other

If Other:

SWPPP Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

SWPPP Contact Information (if different than that in Section II):

Name: FRANCISCO JUAREZ

Phone: 253 - 853 - 3311 Fax (optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail (optional): FRANCISCO.JUAREZ@WATTS-CON.COM

#### V. Discharge Information

Identify the name(s) of waterbodies to which you discharge. SINCLAIR INLET

Is this discharge consistent with the assumptions and requirements of applicable EPA approved or established TMDL(s)?

☒ Yes ☐ No

#### VI. Endangered Species Information

Under which criterion of the permit have you satisfied your ESA eligibility obligations?

☐ A ☐ B ☐ C ☐ D ☒ E ☐ F

• If you select criterion F, provide permit tracking number of operator under which you are certifying eligibility:

\_\_\_\_\_

#### VII. Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: ANTHONY HAVERLY

Print Title: FEAD HEAD

Signature: ANTHONY HAVERLY

Date: 11/15/2010

NPDES  
Form



United States Environmental Protection Agency  
Washington, DC 20460

**Notice of Intent (NOI) for Storm Water Discharges Associated with  
Construction Activity Under an NPDES General Permit**

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**I. Permit Number**

WAR10BN0E

**II. Operator Information**

Name: NAVEAC NW, FWD KITSAP

IRS Employer Identification Number (EIN): 31 - 1575142

**Mailing Address:**

Street: 467 W STREET

City: BREMERTON State: WA Zip Code: 98314

Phone: 360 - 476 - 0917 Fax (optional):

E-mail (optional): SCOTT.HINTON@NAVY.MIL

**III. Project/Site Information**

Project/Site Name: CDC BREMERTON AT NBK

Project Street/Location: NORTHEAST CORNER OF FARRAGUT AV

City: BREMERTON State: WA Zip Code: 98314

County or similar government subdivision: KITSAP

Latitude/Longitude (Use one of three possible formats, and specify method)

Latitude 1. \_\_\_° \_\_\_' \_\_\_" N (degrees, minutes, seconds)  
2. \_\_\_° \_\_\_' \_\_\_" N (degrees, minutes, decimal)  
3. 47.5594° N (decimal)

Longitude 1. \_\_\_° \_\_\_' \_\_\_" W (degrees, minutes, seconds)  
2. \_\_\_° \_\_\_' \_\_\_" W (degrees, minutes, decimal)  
3. 122.6491° W (decimal)

Method: ☐ U.S.G.S. topographic map ☐ EPA web site ☐ GPS ☒ Other: GOOGLE EARTH  
• If you used a U.S.G.S. topographic map, what was the scale: \_\_\_\_\_

Project Located in Indian country? ☐ Yes ☒ No

If so, name of Reservation or if not part of a Reservation, put "Not Applicable": \_\_\_\_\_

Estimated Project Start Date: 05 / 18 / 2010  
Month Date Year

Estimated Project Completion Date: 11 / 16 / 2010  
Month Date Year

Estimated Area to be Disturbed (to the nearest quarter acre): 2.59

#### IV. SWPPP Information

Has the SWPPP been prepared in advance of filing this NOI? ☒ Yes ☐ No

Location of SWPPP for viewing: ☒ Address in Section II ☐ Address in Section III ☐ Other  
If Other:

SWPPP Street:

City:

State:  Zip Code:  -

SWPPP Contact Information (if different than that in Section II):

Name: KEITH SANDOVAL

Phone: 360 - 476 - 5284 Fax (optional):  -  -

E-mail (optional): KEITH.SANDOVAL@NAVY.MIL

#### V. Discharge Information

Identify the name(s) of waterbodies to which you discharge. SINCLAIR INLET

Is this discharge consistent with the assumptions and requirements of applicable EPA approved or established TMDL(s)?

☒ Yes ☐ No

#### VI. Endangered Species Information

Under which criterion of the permit have you satisfied your ESA eligibility obligations?

☒ A ☐ B ☐ C ☐ D ☐ E ☐ F

• If you select criterion F, provide permit tracking number of operator under which you are certifying eligibility:

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: SCOTT HINTON

Print Title: FEAD HEAD

Signature: SCOTT HINTON

Date: 09/22/2010